

07/25/03
14042 U.S. PTO

MAIL STOP PATENT APPLICATION
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

DOCKET NUMBER: TUC920030070US1

DATE: July 25, 2003

Assignee Name: International Business Machines Corp

Assignee Residence: Armonk, New York

19249 U.S. PTO
10/627070
07/25/03

Sir:

Transmitted herewith for filing is the Patent Application of:

Inventor(s): **SHAWN OWEN BRUME**

For: **SYSTEM, METHOD, AND APPARATUS FOR PROVIDING A SINGLE DISPLAY PANEL AND CONTROL FOR MULTIPLE DATA STORAGE DRIVES IN AN AUTOMATED DATA STORAGE LIBRARY**

Enclosed are:

- ☒ Patent Specification
- ☒ Formal Drawings – Six (6) Sheets
- ☒ Executed Declaration and Power of Attorney
- ☒ An Executed Assignment of the invention to International Business Machines Corporation (includes Recordation Form Cover Sheet)
- ☒ Return Postcard
- ☐ A certified copy of Japanese Application No. _____
- ☒ Information Disclosure Statement, PTO 1449 and copies of references (AA-AL)

The filing fee has been calculated as shown below:

| For | Number Filed | Number Extra | Rate | Fee |
|------------------------------------|-----------------|-----------------|--------------|----------|
| Basic Fee | | | | \$750.00 |
| Total Claims | 11 | 0 | X \$18.00 = | \$0.00 |
| Indep. Claims | 2 | 0 | X \$84.00 = | \$0.00 |
| MULTIPLE DEPENDENT CLAIM PRESENTED | | 0 | X \$270.00 = | \$0.00 |
| TOTAL | | | | \$750.00 |

☒ Please charge IBM Corporation Deposit Account No. **09-0449** in the amount of **\$750.00**.

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☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

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"Express Mail" mailing label number: **EV 277953905 US**

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V. Keomaxay
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V. Keomaxay
SIGNATURE of person mailing paper or fee

Respectfully submitted,

Michael E. Noe, Jr.
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|------------------------------------|-----------------|---|-----------------|---|------|------------|----------|
| Basic Fee | | | | | | | \$750.00 |
| Total Claims | 11 | - | 20 | 0 | X | \$18.00 = | \$0.00 |
| Indep. Claims | 2 | - | 3 | 0 | X | \$84.00 = | \$0.00 |
| MULTIPLE DEPENDENT CLAIM PRESENTED | | | | 0 | X | \$270.00 = | \$0.00 |
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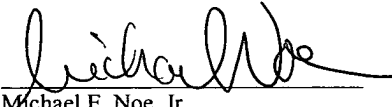
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(Name of person mailing paper)

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SIGNATURE of person mailing paper or fee

Respectfully submitted,


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